

**Officeholder and Candidate
Campaign Statement -
Short Form**

5722

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 14 PM 12:39 CAMPAIGN FINANCE	CALIFORNIA FORM 470 For Official Use Only 020370
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
Diane Benitez

STREET ADDRESS

CITY Rosemead STATE CA ZIP CODE 91770

AREA CODE/DAYTIME PHONE NUMBER (626) 419-6793

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD
Board of Trustees

JURISDICTION (LOCATION)
Rosemead School District

DISTRICT NUMBER (IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 7/14/22 DATE

By _____ DATE EW ✓